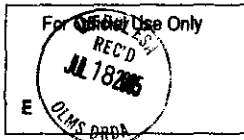


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3464</u>	2. Fiscal Year Covered From: <u>07 / 01 / 2003</u> Through: <u>06 / 30 / 2004</u>
3. Name and address of person filing. Name <u>Robert K. Cheek</u> P.O. Box, Bldg., Room No., if any <u>Suite 201</u> Street <u>2212 Arlington Downs Road</u> City <u>Arlington</u> State <u>Texas</u> ZIP Code + 4 <u>76011</u>	4. Name, file number, and address of labor organization. Name <u>Transport Workers Union Local 513</u> Labor Organization File Number <u>026077</u> P.O. Box, Building and Room Number, if any <u>Post Office Box 92939</u> Street City <u>Southlake</u> State <u>Texas</u> ZIP Code + 4 <u>76092</u>
5. Position in labor organization. <u>Union Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Robert K Cheek</u>	On <u>7/12/05</u> Date	<u>817-633-8307</u> Telephone Number

Name of Person Filing Robert K. Cheek	File Number U- 3464
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name T. Rowe Price Retirement Service</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any Post Office Box 89000</p> <p>Street _____</p> <p>City Baltimore</p> <p>State MD ZIP Code + 4 21289</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Transport Workers Union Local 513 Retirement Plan</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any Suite 201</p> <p>Street 2212 Arlington Downs Road</p> <p>City Arlington</p> <p>State Texas ZIP Code + 4 76011</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; padding: 10px;">See Attached</p>
	<p>11.b. Approximate dollar value of such dealing. See Attached</p>
	<p>12.a. Nature of interest held or income received.</p> <p style="height: 100px;"></p>
	<p>12.b. Amount.</p> <p style="height: 50px;"></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p style="height: 100px;"></p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p style="height: 50px;"></p>

Question 11.a. Nature of Dealing and approximate dollar value

De minimis benefits provided by T. Rowe Price Retirement Service at the annual T. Rowe Price educational conference attended 05/02/04 through 05/05/04 in Naples, Florida. Meals provided by T. Rowe Price at approximate cost of \$100.00 per day. Entertainment/Air Boat ride provided by T. Rowe Price for myself and spouse @ estimated cost of \$50.00 per person on 5/03/04.

8/17/04 T. Rowe Price Retirement Service provided meal prior to annual Trustee meeting for myself and spouse at estimated value of \$50.00 per person.